Substitute for form 1449/PTO	Complete if Known		
Substitute for town 14447 70	Application Number	10/678,765	
	Filing Date	October 2, 2003	
INFORMATION DISCLOSURE	First Named Inventor	Serbedzija, George N.	
STATEMENT BY APPLICANT	Art Unit	1632	
(Use as many sheets as necessary)	Examiner Name	Valarie E. Bertoglio	
Sheet 1 of 2	Attorney Docket Number	018852-000511US	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cife No.1	Document Number	Publication Date Mts-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pagas, Columna, Linea, Where Relevant Passagos or Relevant Figures Appear
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Cignoti	A () . () M . () . ()	Considered	10/20/2000

EXAMINER: Initial if reference considered, whether or not obtain is conformance with MFEP 960. Date the through clatter of find in conformance and not considered beduce copy of this form with next communities. "Applies use unique stated include copy of this form with next communities." Applies use unique stated include copy of the form of the first production of the pro

	Substitute fo	or form 1449/PTO			· ·	Complete if Known
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(Use as many sheets as necessary)					Examiner Name	Valarie E. Bertoglio
	Sheet	2	of	2	Attorney Docket Number	018852-000511US

		NON PATENT LITERATURE DOCUMENTS	,
Examiner Initials *	Cite No.1	include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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Date	1	
Examiner Signature Nalarie Bertoglio/ Consid	dered 10/29/2009	

EXAMINER: initial if reference considered, whether or not classion is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with ext communication to applicant.

Applicants ruines catation designation number (optional), "Applicant is to place a check mark bere if English language Translation is attached.